CAM	PAIGN CONTRIBUTIONS AND EXPENSES	REPORT		Si	ate of Nevada
	U. Miam G. Colob	NSHE	Bd. OF	REGENTS	10
Name	(print) Office (if	applicable)		75.786.	trict (if applicable)
Mailine	O. Box 3559 RENO	NU 895	105 7	Telephone No.	3130
	WCOBBO ETS KY	NO .	COM	•	
	Address	TOOL DOTY	CIND EVP. CIN	ONPROFIT CORP	
Select	Appropriate Series	POL PRTY	☐ IND EXP ☐ N	ONFROM CORF	
	LEGAL DEFENSE FUND [	AMENDED	LOCAL BAG		
₩ W	Annual Filing - Due January 15, 2010 Period: January 1, 2009 – December 31, 2009				
	Report #1 — Due June 1, 2010* Period: Jan. 1, 2010 — May 27, 2010				
	Report #2 Due — October 26, 2010* Period: May 28, 2010 — Oct. 21, 2010				
	Report #3 Due — January 15, 2011*/** Period: Oct. 22, 2010 — Dec. 31, 2010				
	Annual Filing – Due January 15, 2011			FOR OFFICE USE ONLY	
	Period: January 1, 2010 - December 31, 20	110			
	These Reports are filed by incumbents/cand	idates in the	2010 election cyc	ele	
	* Third Report suffices for 2011 Annual Filing	if candidate	also filed Report	Nos. 1 and 2	Cumulative
	CONTRIBUTIONS SUMMARY				From Beginning of Report Period #1
				This Period	through End of This Reporting Period
	1. Total Monetary Contributions Received in Excess of \$100 (See page 1 of instruction sheet)  2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)  3. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)			_0	0
				0	0
				0	0
	(See page 2 of instruction sheet)	This Period	Cumulative From Beginning of		
			Report Period #1 Through End of This Reporting Period		
	4. Total Amount of Monetary Contributions		renou		
	Received			0	0
	(Add Lines 1 through 3) (See page 2 of instruction sheet) 5. Total Amount of Written Commitments for		1		
	Contributions (When commitment is funded, report as		6		
	contribution (monetary or in kind)) (See page 2 of instruction sheet)		0		
	Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	0	0		
		XPENSES S	UMMARY		
	7. Total Monetary Expenses Paid in Excess of \$100			00	
	(See page 2 of instruction sheet)	•	1 -		
	Total Value of In Kind Expenses in Excess     of \$100 (See page 3 of instruction sheet)		0		
		AFFIRMA	TION		
	eclare Under Penalty of Perjury That the Foreg	oing is True	and Correct		
I De	eciare under Penaity of Perjury That the Poreg	onig is ride			
	100=10. 39 - Ca	olf	1.	5.10	
Sign	ature	-0	Da		
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